## Rec'd PCT/PTO 04 OCT 2004

|  |                          | Gustonidad PTC/SEC1 (95-03) |  |
|--|--------------------------|-----------------------------|--|
| DECLARATION FOR UTILITY OR                 | Docket Na.               | P08377US00/DEJ              |  |
| DESIGN PATENT APPLICATION                  | 1 <sup>61</sup> Inventor | HARRIS                      |  |
| (37 CFR 1.63)                              | COMPLETE IF KNOWN        |                             |  |
| Declaration Submitted with Initial Filing  | Appl. No.                | 10/                         |  |
| Declaration Submitted after Initial Filing | Filing Date              |                             |  |
|  | •                        |                             |  |

| l  | Declaration Submitted                  | with Initial Filing    | Appl. No.   | 10/                    |                         |  |
|--|--|------------------------|-------------|------------------------|-------------------------|--|
|  | Declaration Submitted                  | l after Initial Filing | Filing Date |                        |                         |  |
| Declaration Submitted after Initial Filing Filing Date  Thereby declare that: Each inventor's residence, mailing address and discenship are as stated below next to their name. I believe the inventor(s) named below to be the driginal and first inventor(s) of the subject matter which is claimed and for which a patent is scugnt on the inventor entitled:  LASER SCANNING CONFOCAL MICROSCOPE WITH FIBRE BUNDLE RETURN  the specification of which:  X was filed on 24 April 2003 as International PCT Application No. PCT/AU03/00491  and (if applicable) was amended on . I hereby state that I have reviewed and understand the contents of the above-identified specification, including the dayins, as amended by any amendment specifically referred to above. I acknowledge the duty to discusse information which is material to patientability as defined in 37 CFR 1.56, including for continuation in part |  |                        |             |                        |                         |  |
| applications, material information which became available between the filing date of the prior application and the national or PCT inemational filing date of the continuation-in-part application.  Thereby claim FOREIGN PRIORITY benefits under 35 USC 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, invantor's certificate(s), or 365(c) of any PCT international application which designated at least one country other than the US, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's certificate(s), or any PCT international application having a   |  |                        |             |                        |                         |  |
| fi():  | ng date before that of the application |                        |             |                        |                         |  |
|  | Prior Faraign Appl. No.                | Country                |             | (Day/Month/Yes         | r) Priority Not Claimed |  |
|  | P\$ 2000<br>P\$ 2556                   | AU<br>AU               |             | April 2002<br>May 2002 |                         |  |
| _  |  |                        |             |                        |                         |  |
| Power Of Attorney & Correspondence Address Indication I nereby appoint the practitioners (of Stites & Harbison PLLC) associated with  CUSTOMER NUMBER 00881  |  |                        |             |                        | ABER 00881)             |  |
| as my/our attorneys or agents to prosecute the application identified above, and to transported business in the US Fatent and Frademark C**:::  Please direct all correspondence to the noted Customer Number.   |  |                        |             |                        |                         |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and balled are   |  |                        |             |                        |                         |  |
| believed to be true; and further that these statements were made with the knowledge that willful felse statements and the like so made are   |  |                        |             |                        |                         |  |
| punishable by fine or Imprisonment, or both, under 18 USC 1001 and that such willful folse statements may reopardize the validity of the application or any patent issued thereon, (Additional inventors named on supplemental sheet provided herewith)  |  |                        |             |                        |                         |  |
|  |  |                        |             |                        |                         |  |
|  |  | R FIRST INVENTOR       |             | Citizenship            | AU                      |  |
| 7::  | was Name (feet)                        |                        |             | E personal de Liberto  |                         |  |

| SOLE OR FIRST INVENTOR  | Citizenship AU  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Given Name (First and Micidie (If anyl) Martin                                      | or Sumame HARRIS  |  |  |  |  |  |
| Address 103 Feel Street, Vollagor, VIC 3181, Australia                              | Moultas C X /   |  |  |  |  |  |
| (if different from mailing address)   | (1 Onserent notiving address)   |  |  |  |  |  |
| SIGN AND DATE HERE Inventor's Signature / Matin Hamis                               | Date 13 - Sept - 2004   |  |  |  |  |  |
| SECOND JOINT INVENTOR (if any)  | Caizenship  |  |  |  |  |  |
| Given Name (First and Luddle (il ary))  | Family Name<br>or Surname   |  |  |  |  |  |
| Full Meding<br>Address  |   |  |  |  |  |  |
| Residence - City, State/Country (if different from mailing address) "same as above" | Residence - City, Slate/Country (if different from mailing address) "same as above" |  |  |  |  |  |
| SIGN AND DATE HERE  | Date  |  |  |  |  |  |
| THIRD JOINT INVENTOR (if any)   | Offizenship   |  |  |  |  |  |
| Given Name (First and Middle (if any))  | Family Name<br>or Sumarne   |  |  |  |  |  |
| Address   |   |  |  |  |  |  |
| Residence - City, State/Country (if different from mailing address) "same as above" |   |  |  |  |  |  |
| SIGN AND DATE HERE Inventor's Signature   | Date  |  |  |  |  |  |

Stites & Harbison PLLC • 1199 North Fairfax Street • Suita 900 • Alexandria Virginia 22314 TEL (703) 739-4900 • FAX (703)-739-9577

135LT:0000:3493:1:ALEXANDRIA

